

## **Southeastern Vascular Study Group Fall Meeting-Hybrid October 27, 2023**

Meeting conducted hybrid with on-site at Mayo Clinic Jacksonville, FL. Welcome and introductions by Dr. Betsy Wymer, SVS PSO Director of Quality Clinical Operations and Dr. Erben Young, Medical Director. Dr. Benjamin Jacobs, Regional Medical Director from the University of Florida was also present.

- I. **National VQI Updates were covered by Dr. Betsy Wymer.** VQI has reached the 1,000 center mark and over one million procedures. There are a total of eighteen regions. Our region has three new centers for a total of 140 centers. Our region is the largest of all regional groups. Peripheral Vascular Intervention has the highest number of procedures for all regions combined, followed by Carotid Endarterectomy. 2023 VQI@VAM recordings and slides are available on the VQI@VAM Planner. Log into the Planner at: <https://2023svsvam@eventscribe.net/> A new VQI website has been streamlined and improved. For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager at: [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org) The Members Only contains information that is not publicly shared and requires a different login than your Pathways user account. For account access, contact [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org) News and updates for the FDA can be found at: <https://www.vqi.org/resources/fda-communication/> The University of Rochester is piloting a 30 day readmission project. For more information about the project contact Stacey Esposito at: [stacey\\_esposito@URMC.rochester.edu](mailto:stacey_esposito@URMC.rochester.edu) A new national quality initiative, smoking cessation was presented at VQI @ VAM, CAN-DO-Program. New variables were added to all Arterial Registries on August 31<sup>st</sup>. There is an upcoming webinar on November 7<sup>th</sup>. There are several tools on the website which can be found at: <https://www.vqi.org/quality-improvement/national-qi-initiatives/> Most COVID variables were retired. Exercise Program variables were added in the Lower Extremity Registries. The Open Aorta Registry is currently in the process of being updated. There is work being done on EPIC integration into VQI. The Cardiac Risk Index was discussed and is also available in a mobile friendly format. For additional information: <https://www.vqi.org/risk-calculators/> There are also continued efforts of harmonization of variables across the Registries. There are new Physician Snapshot Reports for Carotid Treatment. The individual reports have flexible time interval views with a default view of the last 365 days with options to

adjust the data range. The reports are secured and viewable only by an individual physician via your VQI PATHWAYS password. For assistance reach out to: [PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com) RAC Submissions require an active PATHWAYS account, subscription to the Registry and Regional RAC approval for all regional proposals. For questions, reach out to: [mlastus@svspsso.org](mailto:mlastus@svspsso.org) Just a reminder, the data in 'Share A File' expires after 30 days of receipt.

- II. **Quality Improvement:** 2022 SEVSG Participation Award Winners were congratulated for all their hard work. Participation Awards have four domains, changes this year are the QI Project has increased to 25% weighted and the Registry subscription decreased to 5%. Full details available on [vqi.org](http://vqi.org) under Quality/Participation-awards. For 2023, our region has one charter. For assistance or questions regarding a quality charter, reach out to Dr. Wymer at: [bwymmer@svspsso.org](mailto:bwymmer@svspsso.org) If your center presents VQI data to C-Suite, contact Dr. Wymer for participation credit. A center will need to provide an agenda, minutes, and a copy of the presentation. SVS PSO Quality FIT Program in 2022-2023 Jack Cronenwett Scholarship Winners had been announced at VQI @ VAM 2023. For 2023-2024, there are eleven new FIT Fellows.
- III. **Presentation:** Dr. Erben introduced Dr. Gilbert Upchurch from the University of Florida-Gainesville. Dr. Upchurch gave a presentation entitled: The Value of Guidelines in Vascular Surgery-SVS Clinical Practice Guideline of TEVAR for Descending Thoracic Aortic Aneurysms. The presentation included the discussion of sac diameters and when to repair.
- IV. **Presentation:** Dr. Erben introduced Dr. Fadi Shamoun from the Mayo Clinic Arizona. Dr. Shamoun gave a presentation entitled: Value of ABI/TBI/TcPo2 in the setting of PAD. Our ABI rate has the lowest rate of all the regions. Please consider doing a charter to increase the rates. A sample charter was sent out after the Spring Meeting.
- V. **Regional Data Review covered by Dr. Erben and Dr. Benjamin Jacobs:** Our region logged 13,245 procedures for July 2022-June 2023 to lead all regions for volume of procedures collected. Vascular surgery contributes the largest volume among physician specialties. For percentage of procedures with Long Term Follow-up, we have fallen to 52% from 67% compared to VQI overall of 71%. The rate of discharge medication (anti-platelet + statin) is close to the 87% overall with this region at 84%. Preop smoking is 29% (elective arterial still smoking within one month of procedure) while VQI overall is 30%. Smoking Cessation is measured from elective arterial procedures at long term follow-up and includes patients not smoking within one month of recorded follow-up. SE Region is 34% while overall is 32%. For TFEM CAS asymptomatic our region is at 0.4% stroke or death rate, a significant drop from VQI overall at 1.5%. For TFEM CAS symptomatic the rate of stroke/death is 1.4% while

overall is 4%. In terms of TCAR asymptomatic stroke/death we are on par with VQI at 0.9%. For symptomatic TCAR stroke or death we are lower at 1.3% versus overall 2.0%. CEA asymptomatic stroke or death our rate is 1 % to the VQI overall rate of 0.8%. CEA symptomatic stroke or death rate is 2.3% compared to 1.8% overall. CEA asymptomatic post-op LOS >1 day we are longer at 24.2% compared to overall 21.7%. Postop LOS >1 day CEA symptomatic the average is 46.6% regionally compared to 42.3 % VQI overall. In terms of EVAR postop LOS >2 days we are slightly higher at 19.1 % versus VQI average at 15.4 %. EVAR sac diameter reporting we are at 50 % and VQI at 58.1%. We are close to the SVS guidelines for EVAR AAA diameter at 71% with VQI overall at 75.5%. **Presentation:** Dr. Christopher Montoya, Vascular Research Fellow-University of Miami-School of Medicine gave a presentation entitled: Extra-anatomical Bypass as a Perfusion Alternative in the Treatment of Complex Thoracoabdominal Aortic Disease. TEVAR sac diameter, ours is much better at 64.4% versus 57 % overall. Open AAA In-hospital mortality is also better than average at 2.6% versus 3.7%. Our OAAA SVS cell-saver guidelines is constant and slightly better at 95.9% compared to VQI average at 93.1%. OAAA SVS Iliac inflow guideline has us at 97 % with VQI average of 98.3% again stable. The PVI Claudication ABI/Toe Pressure Assessment is at 31 %, with an overall rate at 67.4%. We have been steadily dropping. Again, there was discussion about increasing our regional rate and sites to consider performing a charter. Major complications after Infra for CLTI we are 2.9% versus 4.8% VQI average. Supra CLTI Major complications we are better than VQI, 7.9 % versus 7.3 %. Lower Extremity Amputation Postop complications we are 16.3% and VQI 11.8%. **Presentation:** Dr. S.L. Rakestraw from The University of Alabama at Birmingham gave a presentation entitled: End-Stage Kidney Disease and Chronic Limb-Threatening Ischemia: What Treatment is Optimal? HDA primary AVF vs. graft this region is low 74.1% with VQI overall at 82%. Only seven centers participant in our region. There was discussion if this measure should be retired. Dr. Wymer will bring that back to the Registry Committee. HDA ultrasound vein mapping 92.6% with VQI overall at 87.9%. HDA postop complications were at 0.8% versus VQI 1.4%. IVCF filter retrieval reporting in our region is 13.8% versus overall 49.8%, another area for improvement. There was discussion that the filter may be placed at one facility and removed at a different facility, which is unable to be tracked. **Presentation:** Dr. Santh Prakash Lanka, M.B.B.S. from the Mayo Clinic Florida gave a presentation entitled: Institutionalized Median Arcuate Ligament Syndrome Protocol.

- VI. **Regional Quality Improvement Topics:** Based on the Fall reports, there are three areas where our region could make improvements: ABI/Toe Pressure, HDA/AVF and IVC/Venous. Each site should review their Fall reports and if your numbers are lower than the VQI national average, please consider performing a quality improvement project and/or charter at your facility. The VQI website has many resources and quality improvement tools. Please reach out to [bwymmer@svspso.org](mailto:bwymmer@svspso.org) if you have any questions.

- VII. **Arterial Quality Council** covered by Dr. Emily Spangler. Reviewing variables for possible retirement and discussing required vs. non required procedure variables.
- VIII. **Venous Quality Council** covered by Dr. Betsy Wymer and Dr. Marc Passman for Dr. Olamide Alabi. Actively reviewing the Venous Stent Registry to decrease entry burden. Discussion on how to increase venous registry presence within the venous community.
- IX. **Arterial and Venous RAC** Melissa Latus is your PSO primary point of contact. An active Pathways account and privileges to “share a file” is required to receive blinded data set, include your RAC proposal number in communication. Proposal submission dates are on the VQI website. In July, there were four venous proposals submitted.
- X. **Governing Council** covered by Dr. Erben. The Governing Council meets twice a year. The Regional Lead Medical Directors represent each region. Dr. Adam Beck is the newly appointed GC Chair and Dr. Grace Wang is the newly appointed Vice Chair.
- XI. **Spring Meeting SEVSG:** A date will be announced later.
- XII. **Conclusion Dr. Erben:** A successful meeting with highlights of engaging Fellows, Residents and Trainees. Thank you for everyone who attended in person and remotely.